

# TRANSPORTER ANNUAL REPORT

<b>Transporter Name:</b>	<b>Date:</b>
	<b>Virginia Permit Number:</b>
<b>Address:</b>	<b>Phone Number: (    )</b>
	<b>Reporting Year</b> _____

1. Hazardous waste originating in Virginia was transported Yes **G** No **G**  
 If yes, indicate shipments on appropriate forms:
  - a. Shipments within the Commonwealth on Form 7.2-2
  - b. Shipments from the Commonwealth to other states on Form 7.2-3
  - c. Shipments into Commonwealth on Form 7.2-4
  - d. Shipments to foreign facilities on Form 7.2-5
  
2. Please list name and address of designated official in firm who can be contacted on hazardous waste transporter matters (if other than reporting official):

<b>Name:</b>	<b>Title:</b>
<b>Address:</b>	<b>Phone Number:</b>
<b>Signature of Reporting Official:</b>	<b>Date:</b>
<b>Title:</b>	

**DEQ Form 7.2-1**



INTRA-COMMONWEALTH SHIPMENTS	
Transporter Name:	EPA ID Number:
Address:	Virginia Transporter Permit Number:
	Phone Number:
	Reporting Year _____
Reported by:	Title:

## Report Hazardous Waste Transportation Activities

Date of Receipt of Shipment	Generator ID Number	Facility ID (or Secondary Transporter) Number	Date Released to Facility (or Secondary Transporter)	Manifest Number



<b>SHIPMENTS TO OTHER STATES</b>	
<b>Transporter Name:</b>	<b>EPA ID Number:</b>
<b>Address:</b>	<b>Virginia Transporter Permit Number:</b>
	<b>Phone Number:</b>
	<b>Reporting Year _____</b>
<b>Reported by:</b>	<b>Title:</b>

## Report Hazardous Waste Transportation Activities

Date of Receipt of Shipment	Generator ID Number	Facility ID (or Secondary Transporter) Number	Date Released to Facility (or Secondary Transporter)	Manifest Number





SHIPMENTS TO FOREIGN FACILITIES	
Transporter Name:	EPA ID Number:
Address:	Virginia Transporter Permit Number:
	Phone Number:
	Reporting Year _____
Reported by:	Title:

Report Hazardous Waste Transportation Activities	
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Date of Receipt of Shipment	Generator ID Number	Facility ID (or Secondary Transporter) Number	Date Released to Facility (or Secondary Transporter)	Manifest Number

